

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011719  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 972

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>4505 RICHMOND HEIGHTS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>8733 RED BUD</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH G HEIMBURGER</u>		4. DATE OF DEATH Month Day Year <u>APRIL 7 1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>MAR 26 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ADVERTISING AGENT</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>PETER HEIMBURGER</u>		14. NAME OF HUSBAND OR WIFE <u>unk.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>494-03-7663A</u>	
17. INFORMANT <u>IDA HEIMBURGER</u>		Address <u>8733 RED BUD</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1621</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 1959</u> to <u>April 1959</u> and last saw him alive on <u>7 April 59</u> Death occurred at <u>6 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arch M. Ahern, MD.</u>		22b. ADDRESS <u>3915 Watson Rd</u>	
22c. DATE SIGNED <u>8 April 59</u>			
23a. BURIAL, CREMATION, REMOVALS (Specify) <u>BURIAL</u>		23b. DATE <u>APRIL 10 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutis</u>		25. DATE RECD. BY LOCAL REG. <u>4-9-59</u>	
ADDRESS <u>2906 Gravois</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4347

P. O. Address 2906 \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.